

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029910

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7053

STATE FILE NUMBER

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

3 wks.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Jewish Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE Missouri b. COUNTY

St. Louis

c. CITY OR TOWN

University City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

732 Westgate

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First JOSEPH

Middle

Last ERLICH

4. DATE OF DEATH

Month 7-5-1963

Day Year

5. SEX

male

6. COLOR OR RACE

cauc.

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Apr. 1877

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Dry Clg. Plant

11. BIRTHPLACE (City and state or country)

Poland

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

(unk) Erlich

13b. MOTHER'S MAIDEN NAME

(unk)

14. NAME OF HUSBAND OR WIFE

Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Ben Erlich 7341 Hawthorne Pl.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aspiration Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 days

CONDITIONS (if any, which gave rise to above cause (a) hastening the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fractured right femur treated by Dr. Leon Fox

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 10-1963 to July 5-1963 and last saw him alive on July 5-1963

Death occurred at 12:00 Noon on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Herman M. Meyer M.D.

22b. ADDRESS

4409 West Pine Blvd

22c. DATE SIGNED

7/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

7-7-63

23c. NAME OF CEMETERY OR CREMATORY

Chesed Shel Emeth Cem.

23d. LOCATION (City, town, or county)

University City

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.

JUL 8 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Quinn J. Gindery
Licensed Embalmer No. 4229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.